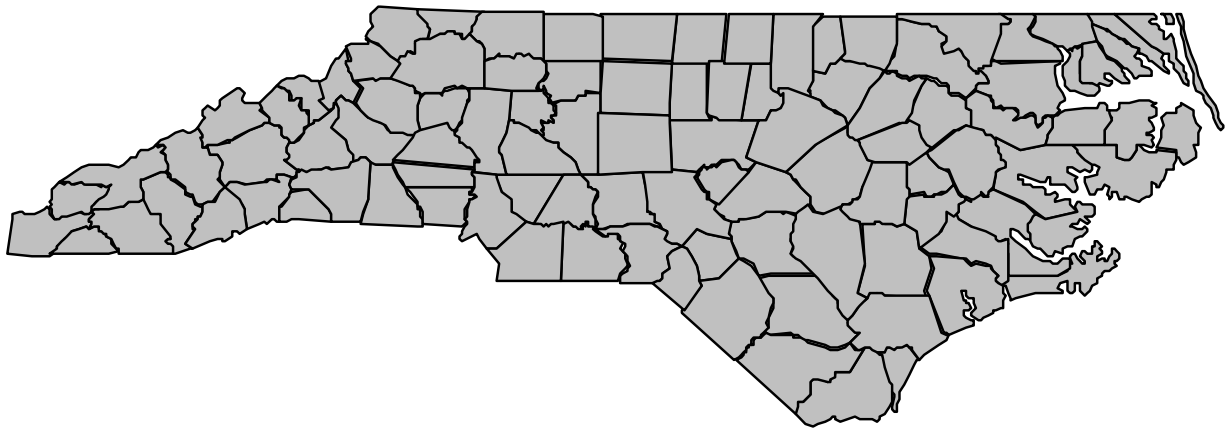


**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities,  
and Substance Abuse Services**

**SFY 2008 Performance Contract  
With Local Management Entities  
Report/Data Submission Requirements**

**Third Quarter Report  
January 1, 2008 - March 31, 2008**



Prepared by

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Community Policy Management Section  
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North Carolina Department of Health and Human Services

May 2008



SFY 2008 Performance Contract  
Report/Data Submission Requirements  
Third Quarter Report  
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## Introduction

## SFY 2008 Performance Contract Report Schedule

*The table below shows which requirements will be reported by quarter\**

Requirement	1st Qtr Nov 15	2nd Qtr Feb 15	3rd Qtr May 15	4th Qtr Aug 15
1. Incident Reporting	X	X	X	X
2. Quarterly Fiscal Monitoring Reports	X	X	X	X
3. Substance Abuse/Juvenile Justice Initiative Quarterly Report	X	X	X	X
4. Work First Initiative Quarterly Reports	X	X	X	X
5. Client Data Warehouse (CDW) - Screening Record	X	X	X	X
6. Client Data Warehouse (CDW) - Admissions	X	X	X	X
7. Client Data Warehouse (CDW) - ICD-9 Diagnosis	X	X	X	X
8. Client Data Warehouse (CDW) - Unknown Data (Admissions)	X	X	X	X
9. Client Data Warehouse (CDW) - Unknown Data (Discharges)	X	X	X	X
10. Client Data Warehouse (CDW) - Identifying and Demographic Records	X	X	X	X
11. Client Data Warehouse (CDW) - Drug of Choice	X	X	X	X
12. Client Data Warehouse (CDW) - SA Treatment (Movement) Details	X	X	X	X
13. Client Data Warehouse (CDW) - Episode Completion Record (SA Clients)	X	X	X	X
14. Client Data Warehouse (CDW) - Episode Completion Record (MH & DD Clients)	X	X	X	X
15. NC Treatment Outcomes and Program Performance System (Initial)	X	X	X	X
16. NC Treatment Outcomes and Program Performance System (Update)	X	X	X	X
17. NC Support Needs Assessment Profile (NC-SNAP)	X	X	X	X
18. Crisis Services Report	X	X	X	X
19. System of Care Report	X	X	X	X
20. SAPTBG Compliance Report		X		X
21. National Core Indicators (NCI) Consents, Pre-Surveys, and Mail Surveys			X	
22. Consumer Satisfaction Survey (CSS)			X	
23. Quality Improvement Process				X
24. Comprehensive Treatment Services Program (CTSP) Non-UCR Expenditure Report				X

\*The dates listed for the quarterly reports are the scheduled dates for the Division to publish the Performance Contract Report. For this to happen, unless otherwise specified, individual requirement reports are due to the Division's Report Contact/Requirement Sponsor by the 20th of the month following the end of the quarter, and the Report Contact/Requirement Sponsor's reports are due to the Division's Quality Management Team by the 30th of that month.

**SFY 2008 Performance Contract Report/Data Submission Requirements**  
**Third Quarter Report**  
**January 1, 2008 - March 31, 2008**

LME	Number of Requirements Due This Quarter	Number of Requirements Met This Quarter	Percent of Requirements Met This Quarter	1. Quarterly Incident Report	2. Quarterly Fiscal Monitoring Report (Prior Quarter)	2. Quarterly Fiscal Monitoring Report (Current Qtr)	3. SA/JJ Initiative Quarterly Report	4. Work First Initiative Quarterly Report	5. CDW - Screening Record	7. CDW - ICD-9 Diagnosis	8. CDW - Unknown Data	10. CDW - Identifying and Demographic Records	11. CDW - Drug of Choice	13. CDW - Episode Completion Records (All Target Pops Except AMSRE)	15. NC TOPPS - Initial	16. NC TOPPS - Update	17. NC-SNAP	18. Crisis Services Quarterly Report	19. System of Care Quarterly Report	21. National Core Indicators Consents, Pre-Surveys, and Mail Surveys	22. Consumer Satisfaction Survey
Alamance-Caswell-Rockingham	15	13	86.7%				★	★	★	★	★	★	★	★			★	★	★	★	★
Albemarle	15	8	53.3%				★	★	★					★				★	★	★	★
Beacon Center	14	12	85.7%				N/A	★	★	★	★	★	★	★			★	★	★	★	★
Burke-Catawba	14	13	92.9%	★			N/A	★	★	★	★	★	★	★			★	★	★	★	★
CenterPoint	15	13	86.7%	★			★	★	★	★	★	★	★	★			★	★	★		★
Crossroads	15	14	93.3%	★			★	★	★	★	★	★	★	★			★	★	★	★	★
Cumberland	15	14	93.3%	★			★	★	★	★	★	★	★	★			★	★	★	★	★
Durham	15	14	93.3%	★			★	★	★	★	★	★	★	★			★	★	★	★	★
East Carolina Behavioral Health	15	13	86.7%	★			★	★	★	★	★	★	★	★				★	★	★	★
Eastpointe	15	14	93.3%	★			★	★	★	★	★	★	★	★			★	★	★	★	★
Five County	15	14	93.3%	★			★	★	★	★	★	★	★	★			★	★	★	★	★
Foothills	14	13	92.9%	★			N/A	★	★	★	★	★	★	★			★	★	★	★	★
Guilford	15	14	93.3%	★			★	★	★	★	★	★	★	★			★	★	★	★	★
Johnston	14	13	92.9%	★			N/A	★	★	★	★	★	★	★			★	★	★	★	★
Mecklenburg	15	14	93.3%	★			★	★	★	★	★	★	★	★			★	★	★	★	★
Onslow-Carteret	15	14	93.3%	★			★	★	★	★	★	★	★	★			★	★	★	★	★
Orange-Person-Chatham	15	11	73.3%	★			★	★		★	★		★	★				★	★	★	★
Pathways	15	14	93.3%	★			★	★	★	★	★	★	★	★			★	★	★	★	★
Sandhills Center	15	14	93.3%	★			★	★	★	★	★	★	★	★			★	★	★	★	★
Smoky Mountain	14	9	64.3%	★			N/A	★	★		★			★				★	★	★	★
Southeastern Center	15	14	93.3%	★			★	★	★	★	★	★	★	★			★	★	★	★	★
Southeastern Regional	15	14	93.3%	★			★	★	★	★	★	★	★	★			★	★	★	★	★
Wake	15	13	86.7%	★			★	★	★	★	★	★	★	★				★	★	★	★
Western Highlands	15	14	93.3%	★			★	★	★	★	★	★	★	★			★	★	★	★	★
STATEWIDE - Number	355	313	88.2%	21	0	0	19	24	23	22	23	21	22	24	0	0	19	24	24	23	24
STATEWIDE - Percent				87.5%	0.0%	0.0%	100.0%	100.0%	95.8%	91.7%	95.8%	87.5%	91.7%	100.0%	0.0%	0.0%	79.2%	100.0%	100.0%	95.8%	100.0%

SFY 2008 Performance Contract Data/Report Submission Requirements  
Third Quarter Report  
January 1, 2008 - March 31, 2008

### 1. Incident Reporting

**Performance Requirement:** The LME analyzes Level II and Level III incidents reported by providers, in accordance with 10A NCAC 27G .0600, to determine trends and take action to make system improvements. The LME shall submit quarterly reports [by the 20th of the month following the end of the quarter] summarizing Level II and Level III incidents reported by providers. The report will include summaries of (1) data analyses to identify patterns and trends, (2) strategies developed to address problems, (3) actions taken, (4) the evaluation of results, and (5) next steps. DHHS will review the reports for evidence of an effective incident review process.

**SFY 2008 Standard:** Each report shows clear evidence of an effective process containing all 5 elements (1-5 above).

Local Management Entity	3rd Qtr Report Due 4/20/08		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Elements Included	
Alamance-Caswell-Rockingham	4/18/08	<5	
Albemarle	4/20/08	<5	
Beacon Center	4/18/08	<5	
Burke-Catawba	4/18/08	All 5	★
CenterPoint	4/19/08	All 5	★
Crossroads	4/18/08	All 5	★
Cumberland	4/18/08	All 5	★
Durham	4/18/08	All 5	★
East Carolina Behavioral Health	4/22/08	All 5	★
Eastpointe	4/22/08	All 5	★
Five County	4/18/08	All 5	★
Foothills	4/21/08	All 5	★
Guilford	4/18/08	All 5	★
Johnston	4/18/08	All 5	★
Mecklenburg	4/17/08	All 5	★
Onslow-Carteret	4/18/08	All 5	★
Orange-Person-Chatham	4/18/08	All 5	★
Pathways	4/20/08	All 5	★
Sandhills Center	4/18/08	All 5	★
Smoky Mountain	4/21/08	All 5	★
Southeastern Center	4/18/08	All 5	★
Southeastern Regional	4/24/08	All 5	★
Wake	4/17/08	All 5	★
Western Highlands	4/18/08	All 5	★

Number and Percent of LMEs that met the SFY 2008 Standard:

21 (87.5%)

Notes:

1. Dates that are shaded red indicate reports that are not received by the due date.  
Date received does not affect whether the performance standard is met.
2. ★ = Met the Standard.

SFY 2008 Performance Contract Data/Report Submission Requirements  
Third Quarter Report  
January 1, 2008 - March 31, 2008

## 2. Quarterly Fiscal Monitoring Report

**Performance Requirement:** LME submits all required fiscal monitoring reports in acceptable format by the following due dates:

- First quarter report = Oct 20.    • Second quarter report = Feb 20.    • Third quarter report = Apr 20.    • Fourth quarter report = Aug 31.

**SFY 2008 Standard:** Reports are accurate, complete, and received by the due date.

Local Management Entity	2nd Qtr Report Due 2/20/08			3rd Qtr Report Due 4/20/08		
	Date Received <sup>1</sup>	Accurate, Complete	Standard Met <sup>2</sup>	Date Received <sup>1</sup>	Accurate, Complete	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham						
Albemarle						
Beacon Center						
Burke-Catawba						
CenterPoint						
Crossroads						
Cumberland						
Durham						
East Carolina Behavioral Health						
Eastpointe						
Five County						
Foothills						
Guilford						
Johnston						
Mecklenburg						
Onslow-Carteret						
Orange-Person-Chatham						
Pathways						
Sandhills Center						
Smoky Mountain						
Southeastern Center						
Southeastern Regional						
Wake						
Western Highlands						

Number and Percent of LMEs that met the Performance Standard:

0 (0%)

0 (0%)

**Notes:**

1. Red shading indicates reports that are not received by the due date or are not accurate and complete.
2. ★ = Met the Performance Contract Standard.

SFY 2008 Performance Contract Data/Report Submission Requirements  
Third Quarter Report  
January 1, 2008 - March 31, 2008

### 3. Substance Abuse/Juvenile Justice Initiative Reports

Performance Requirement: LME submits all quarterly Substance Abuse/Juvenile Justice Initiative reports by the 20th of the month following the end of the quarter. Reports are accurate and complete.

SFY 2008 Standard: Reports are accurate, complete, and are received no later than 10 calendar days after the due date.

Local Management Entity	3rd Qtr Report Due 4/20/08						
	Juvenile Detention		MAJORS		Multi-purpose Group Home		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	Date Received <sup>1</sup>	Accurate And Complete	
Alamance-Caswell-Rockingham			4/7/08	Yes			★
Albemarle			4/4/08	Yes	4/4/08	Yes	★
CenterPoint	4/10/08	Yes	4/10/08	Yes			★
Crossroads			4/3/08	Yes			★
Cumberland	4/8/08	Yes	4/8/08	Yes			★
Durham	4/4/08	Yes	4/4/08	Yes			★
East Carolina Behavioral Health	4/8/08	Yes	4/8/08	Yes	4/8/08	Yes	★
Eastpointe			4/9/08	Yes	4/9/08	Yes	★
Five County			4/4/08	Yes			★
Guilford	4/4/08	Yes	4/4/08	Yes			★
Mecklenburg	4/4/08	Yes					★
Onslow-Carteret			4/7/08	Yes			★
Orange-Person-Chatham			4/1/08	Yes			★
Pathways	4/4/08	Yes					★
Sandhills Center	4/7/08	Yes	4/8/08	Yes			★
Southeastern Center	4/3/08	Yes	4/3/08	Yes			★
Southeastern Regional			4/8/08	Yes	4/8/08	Yes	★
Wake	4/8/08	Yes	4/8/08	Yes			★
Western Highlands	4/7/08	Yes	4/7/08	Yes			★
Burke-Catawba							
Beacon Center							
Foothills							
Johnston							
Smoky Mountain							

These LMEs do not have a SA/JJ Initiative.

Number of Percent of LMEs that Met the SFY2008 Standard:

19 (100%)

Notes:

1. Reports that are not complete or that are received >10 days after the due date are shaded red.

**Italicized** dates with yellow shading were received within 10 days after the due date.

2. ★ = Met the Performance Contract Standard.



SFY 2008 Performance Contract Data/Report Submission Requirements  
Third Quarter Report  
January 1, 2008 - March 31, 2008

#### 4. Work First Initiative Quarterly Reports

**Performance Requirement:** LME submits a quarterly Work First Initiative Report by the 20th of the month following the end of the quarter. Reports are accurate and complete.

**SFY 2008 Standard:** All reports are accurate and complete and are received no later than 10 days after the due date.

Local Management Entity	3rd Qtr Report Due 4/20/08		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Accurate And Complete	
Alamance-Caswell-Rockingham	4/1/08	Yes	★
Albemarle	4/18/08	Yes	★
Beacon Center	4/10/08	Yes	★
Burke-Catawba	4/15/08	Yes	★
CenterPoint	4/15/08	Yes	★
Crossroads	4/2/08	Yes	★
Cumberland	4/18/08	Yes	★
Durham	4/17/08	Yes	★
East Carolina Behavioral Health	4/18/08	Yes	★
Eastpointe	4/18/08	Yes	★
Five County	4/18/08	Yes	★
Foothills	4/21/08	Yes	★
Guilford	4/15/08	Yes	★
Johnston	4/8/08	Yes	★
Mecklenburg	4/18/08	Yes	★
Onslow-Carteret	4/17/08	Yes	★
Orange-Person-Chatham	4/18/08	Yes	★
Pathways	4/21/08	Yes	★
Sandhills Center	4/21/08	Yes	★
Smoky Mountain	4/16/08	Yes	★
Southeastern Center	4/16/08	Yes	★
Southeastern Regional	4/18/08	Yes	★
Wake	4/18/08	Yes	★
Western Highlands	4/18/08	Yes	★

Number and Percent of LMEs that met the SFY 2008 Standard:

24 (100%)

**Notes:**

1. Dates that are shaded red indicate reports received >10 days after the due date.

Dates with yellow shading are within 10 days after the due date.

2. ★ = Met the Performance Contract Standard.

SFY 2008 Performance Contract Data/Report Submission Requirements  
Third Quarter Report  
January 1, 2008 - March 31, 2008

### 5. Client Data Warehouse (CDW) Screening Records

**Performance Requirement:** LME submits required CDW record types by the 15th of each month. Consumers who are screened by the LME's Access Unit and determined to have a mh/dd/sa problem will have a completed cross-reference to the Common Name Data Service (CNDS) in CDW within 30 days of the initial contact.

The table below shows the percentage of consumers screened by the LME's Access Unit during the prior quarter (October 1, 2007 - December 31, 2007) with a cross-reference to the CNDS completed within 30 days of initial contact.

**SFY 2008 Standard:** 90% of consumers screened by the LME's Access Unit who are determined to have a mh/dd/sa problem have a completed cross-reference to the CNDS within 30 days of initial contact.

Local Management Entity	Number Screened With A MH/DD/SA Problem	Number Missing CNDS Cross-reference	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	1,021	23	998	98%	★
Albemarle	808	53	755	93%	★
Beacon Center	1,127	14	1,113	99%	★
Burke-Catawba	1,151	14	1,137	99%	★
CenterPoint	2,353	0	2,353	100%	★
Crossroads	1,724	6	1,718	100%	★
Cumberland	1,116	0	1,116	100%	★
Durham	1,194	0	1,194	100%	★
East Carolina Behavioral Health	1,278	40	1,238	97%	★
Eastpointe	963	0	963	100%	★
Five County	12	1	11	92%	★
Foothills	538	4	534	99%	★
Guilford	1,809	1	1,809	100%	★
Johnston	433	9	424	98%	★
Mecklenburg	827	18	809	98%	★
Onslow-Carteret	1,112	18	1,094	98%	★
Orange-Person-Chatham	8	1	7	88%	
Pathways	735	0	735	100%	★
Sandhills Center	1,529	5	1,524	100%	★
Smoky Mountain	1,353	29	1,324	98%	★
Southeastern Center	1,694	18	1,676	99%	★
Southeastern Regional	2,239	1	2,238	100%	★
Wake	417	1	416	100%	★
Western Highlands	1,623	0	1,623	100%	★
<b>TOTAL</b>	<b>27,064</b>	<b>256</b>	<b>26,809</b>	<b>99%</b>	<b>★</b>

Number and Percent of LMEs that met the SFY 2008 Performance Standard:

23 (95.8%)

**Notes:**

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

SFY 2008 Performance Contract Data/Report Submission Requirements

Third Quarter Report

January 1, 2008 - March 31, 2008

**6. Client Data Warehouse (CDW)  
Admissions**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Submitted admission records (record type 11) are complete and accurate.

The table below shows the number of admissions for which data was submitted to the CDW as of April 30, 2008.

Local Management Entity	Facility Code	JAN	FEB	MAR	Third Quarter Adm SFY2008	Third Quarter Adm SFY2007	Monthly Average SFY2008	Monthly Average SFY2007
Alamance-Caswell-Rockingham	23051	167	152	115	434	510	145	170
Albemarle	43121	190	221	284	695	494	232	165
Beacon Center	43051	92	67	36	195	95	65	32
Burke-Catawba	13091	164	185	126	475	551	158	184
CenterPoint	23021	290	265	216	771	706	257	235
CrossRoads	23011	182	154	118	454	337	151	112
Cumberland	33051	241	254	181	676	638	225	213
Durham	23071	212	190	131	533	571	178	190
East Carolina Behavioral Health	43071	266	213	86	565	600	188	200
Eastpointe	43081	171	148	120	439	370	146	123
Five County	23081	182	195	175	552	169	184	56
Foothills	13051	64	45	102	211	312	70	104
Guilford	23041	339	311	156	806	713	269	238
Johnston	33071	129	123	122	374	386	125	129
Mecklenburg	13102	661	538	201	1,400	422	467	141
Onslow-Carteret	43021	222	182	200	604	654	201	218
Orange-Person-Chatham	23061	60	69	49	178	88	59	29
Pathways	13081	140	159	170	469	1,036	156	345
Sandhills	33031	447	427	280	1,154	1,045	385	348
Smoky Mountain	13010	350	345	401	1,096	706	365	235
Southeastern Center	43011	304	300	103	707	1,020	236	340
Southerastern Regional	33041	253	208	170	631	353	210	118
Wake	33081	368	329	242	939	750	313	250
Western Highlands	13131	510	420	424	1,354	1,162	451	387
<b>TOTAL ADMISSIONS</b>		<b>6,004</b>	<b>5,500</b>	<b>4,208</b>	<b>15,712</b>	<b>13,688</b>	<b>5,237</b>	<b>4,563</b>

Data that are shaded are incomplete or appear to be inaccurate.

SFY 2008 Performance Contract Data/Report Submission Requirements  
Third Quarter Report  
January 1, 2008 - March 31, 2008

## 7. Client Data Warehouse (CDW) Diagnosis Records

**Performance Requirement:** LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed diagnosis in CDW within 30 days of the beginning date of service (1 quarter lag time is allowed for submission). A missing diagnosis is defined as DHHS not being able to secure a diagnosis from a service claim (IPRS or Medicaid) or a Record Type 13.

The table below shows the percentage of clients admitted during the prior quarter (October 1, 2007 - December 31, 2007) with a diagnosis completed within 30 days of beginning date of service.

**SFY 2008 Standard:** 90% of open clients who are enrolled in a target population and receive a billable service have a diagnosis in CDW within 30 days of beginning service.

Local Management Entity	Number of Admissions	Number Missing Diagnosis	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	481	0	481	100%	★
Albemarle	397	66	331	83%	
Beacon Center	335	1	334	100%	★
Burke-Catawba	516	2	514	100%	★
CenterPoint	735	0	735	100%	★
Crossroads	794	2	792	100%	★
Cumberland	667	1	666	100%	★
Durham	676	2	674	100%	★
East Carolina Behavioral Health	877	24	853	97%	★
Eastpointe	385	25	360	94%	★
Five County	633	14	619	98%	★
Foothills	250	12	238	95%	★
Guilford	910	16	894	98%	★
Johnston	423	0	423	100%	★
Mecklenburg	2,161	32	2,129	99%	★
Onslow-Carteret	484	18	466	96%	★
Orange-Person-Chatham	180	1	179	99%	★
Pathways	469	33	436	93%	★
Sandhills Center	1,262	2	1,260	100%	★
Smoky Mountain	1,004	127	877	87%	
Southeastern Center	969	60	909	94%	★
Southeastern Regional	766	0	766	100%	★
Wake	1,064	73	991	93%	★
Western Highlands	1,504	0	1,504	100%	★
<b>TOTAL</b>	<b>17,942</b>	<b>511</b>	<b>17,431</b>	<b>97%</b>	<b>★</b>

Number and Percent of LMEs that met the SFY 2008 Standard:

22 (91.7%)

**Notes:**

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

SFY 2008 Performance Contract Data/Report Submission Requirements  
Third Quarter Report  
January 1, 2008 - March 31, 2008

**8. Client Data Warehouse (CDW)**  
**"Unknown" Value In Mandatory Fields**

Performance Requirement: LME submits required CDW record types by the 15th of each month. Mandatory fields contain a value other than "unknown".

The table below shows the percentage of clients admitted during the prior quarter (October 1, 2007 - December 31, 2007) where all mandatory data fields contain a value other than 'unknown'.

SFY 2008 Standard: 90% of all mandatory data fields for the prior quarter contain a value other than "unknown".

Local Management Entity	Admission Records	County	Race	Ethnicity	Gender	Marital Status	Employment	Education	Veteran Status	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	481	100%	100%	100%	100%	100%	100%	100%	100%	★
Albemarle	397	100%	99%	97%	100%	98%	100%	86%	96%	
Beacon Center	335	100%	100%	100%	100%	100%	100%	100%	100%	★
Burke-Catawba	516	100%	100%	100%	100%	100%	100%	96%	100%	★
CenterPoint	735	100%	100%	100%	100%	100%	100%	100%	100%	★
Crossroads	794	100%	100%	100%	100%	100%	100%	100%	100%	★
Cumberland	667	100%	98%	100%	100%	100%	100%	100%	100%	★
Durham	676	100%	100%	100%	100%	100%	100%	100%	100%	★
East Carolina Behavioral Health	877	100%	100%	100%	100%	100%	100%	94%	100%	★
Eastpointe	385	100%	100%	100%	100%	100%	100%	100%	100%	★
Five County	633	100%	100%	100%	100%	100%	100%	100%	100%	★
Foothills	250	100%	100%	100%	100%	100%	100%	100%	100%	★
Guilford	910	100%	100%	100%	100%	100%	100%	98%	100%	★
Johnston	423	100%	100%	100%	100%	100%	100%	100%	100%	★
Mecklenburg	2,161	100%	100%	100%	100%	98%	100%	91%	100%	★
Onslow-Carteret	484	100%	100%	100%	100%	100%	100%	100%	100%	★
Orange-Person-Chatham	180	100%	100%	99%	100%	99%	100%	94%	98%	★
Pathways	469	100%	100%	100%	100%	100%	100%	97%	100%	★
Sandhills Center	1,262	100%	100%	100%	100%	100%	100%	100%	100%	★
Smoky Mountain	1,004	100%	100%	100%	100%	100%	100%	100%	100%	★
Southeastern Center	969	100%	100%	99%	100%	100%	100%	100%	100%	★
Southeastern Regional	766	100%	100%	100%	100%	100%	100%	100%	100%	★
Wake	1,064	100%	100%	100%	100%	100%	100%	98%	100%	★
Western Highlands	1,504	100%	100%	100%	100%	100%	100%	100%	100%	★
<b>TOTAL</b>	<b>17,942</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>98%</b>	<b>100%</b>	<b>★</b>

Number and Percent of LMEs that met the SFY 2008 Standard:

23 (95.8%)

Notes:

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

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### 10. Client Data Warehouse (CDW) Identifying and Demographic Records

**Performance Requirement:** LME submits required CDW record types by the 15th of each month. Open clients who are enrolled in a target population and receive a billable service will have a completed identifying record (record type 10) and a completed demographic record (record type 11) in CDW within 30 days of the beginning date of service on the paid claims record.

The table below shows the percentage of clients admitted during the prior quarter (October 1, 2007 - December 31, 2007) with an identifying record and demographic record completed within 30 days of the beginning date of service.

**SFY 2008 Standard:** 90% of open clients who are enrolled in a target population and receive a billable service have completed identifying and demographic records within 30 days of the beginning date of service.

Local Management Entity	Number of Claims <sup>3</sup>	Number Missing Records	Number Completed within 30 days	Percent With Records Completed Within 30 Days	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	874	26	848	97%	★
Albemarle	809	156	653	81%	
Beacon Center	367	9	358	98%	★
Burke-Catawba	1,340	87	1,253	94%	★
CenterPoint	1,639	13	1,626	99%	★
Crossroads	1,518	62	1,456	96%	★
Cumberland	949	4	945	100%	★
Durham	1,160	3	1,157	100%	★
East Carolina Behavioral Health	1,470	61	1,409	96%	★
Eastpointe	794	65	729	92%	★
Five County	822	17	805	98%	★
Foothills	490	21	469	96%	★
Guilford	1,710	3	1,707	100%	★
Johnston	887	0	887	100%	★
Mecklenburg	1,083	14	1,069	99%	★
Onslow-Carteret	927	15	912	98%	★
Orange-Person-Chatham	650	202	448	69%	
Pathways	1,473	87	1,386	94%	★
Sandhills Center	2,602	43	2,559	98%	★
Smoky Mountain	361	84	277	77%	
Southeastern Center	1,475	26	1,449	98%	★
Southeastern Regional	1,050	0	1,050	100%	★
Wake	2,799	172	2,627	94%	★
Western Highlands	2,395	8	2,387	100%	★
TOTAL	29,644	1,178	28,466	96%	★

Number and Percent of LMEs that met the SFY 2008 Standard:

21 (87.5%)

**Notes:**

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.
3. Only includes IPRS claims.

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### 11. Client Data Warehouse (CDW) Drug Of Choice Data

**Performance Requirement:** LME submits required CDW record types by the 15th of each month. A drug of choice record (record type 17) is completed within 60 days of the beginning date of service for clients enrolled in any of the following target populations: ASDHH, ASCDR, ASCJO, ASDSS, ASDWI, ASHMT, ASTER, ASWOM, CSSAD, CSWOM, CSCJO, CSDWI, and CSMAJ.

The table below shows the percentage of open clients in the designated target populations (October 1, 2007 - December 31, 2007) with a drug of choice record completed within 60 days of the beginning date of service.

**SFY 2008 Standard:** 90% of open clients in the designated target populations have a drug of choice record completed within 60 days.

Local Management Entity	Number of Claims <sup>3</sup>	Number Missing Records	Number Completed within 60 days	Percent With Records Completed Within 60 Days	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	122	3	119	98%	★
Albemarle	103	26	77	75%	
Beacon Center	21	2	19	90%	★
Burke-Catawba	185	10	175	95%	★
CenterPoint	412	1	411	100%	★
Crossroads	216	2	214	99%	★
Cumberland	147	10	137	93%	★
Durham	314	4	310	99%	★
East Carolina Behavioral Health	680	33	647	95%	★
Eastpointe	101	0	101	100%	★
Five County	162	4	158	98%	★
Foothills	28	2	26	93%	★
Guilford	339	4	335	99%	★
Johnston	42	0	42	100%	★
Mecklenburg	374	24	350	94%	★
Onslow-Carteret	283	13	270	95%	★
Orange-Person-Chatham	83	6	77	93%	★
Pathways	267	23	244	91%	★
Sandhills Center	534	3	531	99%	★
Smoky Mountain	54	23	31	57%	
Southeastern Center	452	10	442	98%	★
Southeastern Regional	245	1	244	100%	★
Wake	665	19	646	97%	★
Western Highlands	483	6	477	99%	★
<b>TOTAL</b>	<b>6,312</b>	<b>229</b>	<b>6,083</b>	<b>96%</b>	<b>★</b>

Number and Pct of LMEs that met the SFY 2008 Standard:

22 (91.7%)

**Notes:**

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.
3. Only includes IPRS claims.

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**13. Client Data Warehouse (CDW)  
Episode Completion (Discharge) Record - All Target Populations Except AMSRE**

**Performance Requirement:** LME submits required CDW record types by the 15th of each month. An episode completion (discharge) record (Record Type 12) is completed for all consumers (except for members of the AMSRE target population) who have had no billable service for at least 60 days.

The table below shows the percentage of clients admitted since October 1, 2006, when this measure began, who during the prior quarter (October 1, 2007 - December 31, 2007) have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

**SFY 2008 Standard:** 90% of SA clients admitted since October 1, 2006, who are not in the AMSRE target population, have had a billable service, administrative activity, or if neither occurred for at least 60 days, have submitted an episode completion record.

Local Management Entity	Number of Clients Admitted Since October 1, 2006, Not in the AMSRE Target Population	Number <u>without</u> Appropriate Activity or an Episode Completion Record <sup>3</sup>	Number <u>with</u> Appropriate Activity or an Episode Completion Record <sup>4</sup>	Percent <u>with</u> Appropriate Activity or an Episode Completion Record	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	480	0	480	100%	★
Albemarle	397	33	364	92%	★
Beacon Center	335	1	334	100%	★
Burke-Catawba	510	2	508	100%	★
CenterPoint	731	7	724	99%	★
Crossroads	794	2	792	100%	★
Cumberland	667	1	666	100%	★
Durham	676	3	673	100%	★
East Carolina Behavioral Health	877	17	860	98%	★
Eastpointe	385	4	381	99%	★
Five County	633	12	621	98%	★
Foothills	250	11	239	96%	★
Guilford	910	10	900	99%	★
Johnston	423	0	423	100%	★
Mecklenburg	2,161	29	2,132	99%	★
Onslow-Carteret	484	15	469	97%	★
Orange-Person-Chatham	181	1	180	99%	★
Pathways	469	15	454	97%	★
Sandhills Center	1,262	2	1,260	100%	★
Smoky Mountain	1,006	105	901	90%	★
Southeastern Center	966	36	930	96%	★
Southeastern Regional	776	0	776	100%	★
Wake	1,062	71	991	93%	★
Western Highlands	1,491	1	1,490	100%	★
<b>TOTAL</b>	<b>17,926</b>	<b>378</b>	<b>17,548</b>	<b>98%</b>	<b>★</b>

Number and Pct of LMEs that met the SFY 2008 Standard:

24 (100%)

**Notes:**

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

3. Number without a billable service or administrative activity for at least 60 days, and an Episode Completion Record was not submitted.

4. Number with a billable service, administrative activity, or if neither occurred for at least 60 Days, an Episode Completion Record was submitted.



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**15. NC Treatment Outcomes and Program Performance System (NC-TOPPS)  
Initial Assessments**

**Performance Requirement:** The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. The expected number of initial assessments will be based on the number of consumers in the relevant target populations for whom services are reimbursed through the IPRS or MMIS reimbursement systems during the time period under review. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

**SFY 2008 Standard:** 90% of the expected initial forms are received on time.

Local Management Entity	Expected # of Initial Assessments <sup>3</sup>	Criterion 1: Receipt		Criterion 2: Timeliness		Standard Met <sup>2</sup>
		# of Initial Assessments Received	% of Expected Assessments Received <sup>1</sup>	# of Initial Assessments Received On-Time	% of Expected Assessments Received On-Time <sup>1</sup>	
Alamance-Caswell-Rockingham						
Albemarle						
Beacon Center						
Catawba-Burke						
CenterPoint						
Crossroads						
Cumberland						
Durham						
East Carolina Behavioral Health						
Eastpointe						
Five County						
Foothills						
Guilford						
Johnston						
Mecklenburg						
Onslow-Carteret						
Orange-Person-Chatham						
Pathways						
Sandhills Center						
Smoky Mountain						
Southeastern Center						
Southeastern Regional						
Wake						
Western Highlands						
Totals						

Report is under revision.

The timeliness criterion was not used to determine whether the performance standard was met this quarter.

Number and Percent of LMEs that met the SFY 2008 Standard:

0 (0%)

**Notes:**

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.
3. The expected and actual numbers of initial assessments this quarter are based on consumers whose claims were reimbursed through the IPRS system only.

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**16. NC Treatment Outcomes and Program Performance System (NC-TOPPS)  
Update Assessments**

Performance Requirement: The LME, through providers, will collect outcomes information on its consumers following sampling methods and reporting schedules for the instrument being used. The instrument used will depend on the type of consumer. The NC-TOPPS is required for all MH/SA consumers ages six and older and shall be entered in the web-based system within 30 days of completion of the assessment as specified in the NC-TOPPS Implementation Guidelines. An update assessment must be completed within two weeks before or after the required update month (e.g. 3-months, 6-months, 12-months, 18-months, etc). All update assessments shall be complete and accurate. The DMH/DD/SAS shall annually sample consumers with initial assessments to determine the timeliness and accuracy of 3-month update assessments. The 3-month update assessments shall be administered between 76 and 104 days after the initial assessment. To ensure accuracy and completeness, data reported below are for two quarters ago (time-lagged two quarters).

SFY 2008 Standard: 90% of the expected update forms are received and are timely.

Local Management Entity	Expected # of Update Instruments	Receipt		Timeliness		Standard Met <sup>2</sup>
		# of Update Assessments Received	% of Expected Assessments Received <sup>1</sup>	# of Update Assessments Received On-Time	% of Expected Assessments Received On-Time <sup>1</sup>	
Alamance-Caswell-Rockingham	261	146	55.9%	71	27.2%	
Albemarle	1,082	693	64.0%	327	30.2%	
Beacon Center	495	389	78.6%	234	47.3%	
Catawba-Burke	621	556	89.5%	325	52.3%	
CenterPoint	747	619	82.9%	361	48.3%	
Crossroads	756	538	71.2%	207	27.4%	
Cumberland	773	513	66.4%	269	34.8%	
Durham	766	697	91.0%	344	44.9%	
East Carolina Behavioral Health	1,140	848	74.4%	439	38.5%	
Eastpointe	1,013	911	89.9%	506	50.0%	
Five County	688	623	90.6%	425	61.8%	
Foothills	253	184	72.7%	59	23.3%	
Guilford	787	679	86.3%	416	52.9%	
Johnston	347	278	80.1%	154	44.4%	
Mecklenburg	1,278	1,146	89.7%	717	56.1%	
Onslow-Carteret	610	587	96.2%	316	51.8%	
Orange-Person-Chatham	242	194	80.2%	79	32.6%	
Pathways	673	626	93.0%	224	33.3%	
Sandhills Center	759	531	70.0%	264	34.8%	
Smoky Mountain	642	407	63.4%	208	32.4%	
Southeastern Center	773	757	97.9%	581	75.2%	
Southeastern Regional	1,291	1,167	90.4%	745	57.7%	
Wake	754	470	62.3%	261	34.6%	
Western Highlands	1,069	535	50.0%	232	21.7%	
Totals	17,820	14,094	79.1%	7,764	43.6%	

Number and Percent of LMEs that met the SFY 2008 Standard:

0 (0%)

Notes:

1. Percentages less than 90% are shaded red.
2. ★ = Met the Performance Contract Standard.

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**17. NC Support Needs Assessment Profile (NC-SNAP)**

**Performance Requirement:** The LME, through providers, will submit to DMH/DD/SAS, by the 15th of each month, an electronically transmitted file (SQL or FTP) containing current assessment forms for all consumers receiving or requesting DD services.

**SFY 2008 Standard:** 90% of current assessments are no more than 15 months old.

Local Management Entity	Currency Of Assessments			Standard Met <sup>2</sup>
	# Received	# No More Than 15 Months Old	% No More Than 15 Months Old <sup>1</sup>	
Alamance-Caswell-Rockingham	641	639	99.7%	★
Albemarle	711	507	71.3%	
Beacon Center	796	795	99.9%	★
Burke-Catawba	591	589	99.7%	★
CenterPoint	1,343	1,267	94.3%	★
Crossroads	667	657	98.5%	★
Cumberland	661	660	99.8%	★
Durham	610	610	100.0%	★
East Carolina Behavioral Health	1,470	1,115	75.9%	
Eastpointe	958	915	95.5%	★
Five County	674	672	99.7%	★
Foothills	311	311	100.0%	★
Guilford	1,166	1,162	99.7%	★
Johnston	349	349	100.0%	★
Mecklenburg	1,886	1,839	97.5%	★
Onslow-Carteret	412	412	100.0%	★
Orange-Person-Chatham	884	675	76.4%	
Pathways	1,548	1,533	99.0%	★
Sandhills Center	1,043	1,040	99.7%	★
Smoky Mountain	1,115	744	66.7%	
Southeastern Center	1,091	1,089	99.8%	★
Southeastern Regional	776	776	100.0%	★
Wake	2,052	1,642	80.0%	
Western Highlands	1,679	1,540	91.7%	★
Totals	23,434	21,538	91.9%	★

Number and Percent of LMEs that met the SFY 2008 Standard:

19 (79.2%)

**Notes:**

1. Percentages less than 90% are shaded red.

2. ★ = Met the Performance Contract Standard.

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## 18. Crisis Services Report

**Performance Requirement:** LME submits all required quarterly Crisis Services reports by the 25th of the month following the end of the quarter as required by SL 2007-323 and House Bill 1473, Section 10.49(o) and DMH/DD/SAS memo dated 4/18/07.

**SFY 2008 Standard:** Reports are timely and complete.

Local Management Entity	3rd Qtr Report Due 4/25/08		
	Timely Receipt	Complete	Standard Met <sup>2</sup>
Alamance-Caswell-Rockingham	Yes	Yes	★
Albemarle	Yes	Yes	★
Beacon Center	Yes	Yes	★
Burke-Catawba	Yes	Yes	★
CenterPoint	Yes	Yes	★
Crossroads	Yes	Yes	★
Cumberland	Yes	Yes	★
Durham	Yes	Yes	★
East Carolina Behavioral Health	Yes	Yes	★
Eastpointe	Yes	Yes	★
Five County	Yes	Yes	★
Foothills	Yes	Yes	★
Guilford	Yes	Yes	★
Johnston	Yes	Yes	★
Mecklenburg	Yes	Yes	★
Onslow-Carteret	Yes	Yes	★
Orange-Person-Chatham	Yes	Yes	★
Pathways	Yes	Yes	★
Sandhills Center	Yes	Yes	★
Smoky Mountain	Yes	Yes	★
Southeastern Center	Yes	Yes	★
Southeastern Regional	Yes	Yes	★
Wake	Yes	Yes	★
Western Highlands	Yes	Yes	★

Number and Percent of LMEs that met the Performance Standard:

24 (100%)

**Notes:**

1. Red shading indicates reports that are not received by the due date or are not complete.

2. ★ = Met the Performance Contract Standard.

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## 19. System of Care

**Performance Requirement:** LME submits a quarterly System of Care Report by the 15th of the month following the end of the quarter. Reports are accurate and complete.

**SFY 2008 Standard:** All reports are accurate and complete and are received no later than 7 days after the due date.

Local Management Entity	3rd Qtr Report Due 4/15/08		Standard Met <sup>2</sup>
	Date Received <sup>1</sup>	Complete	
Alamance-Caswell-Rockingham	4/11/08	Yes	★
Albemarle	4/15/08	Yes	★
Beacon Center	4/15/08	Yes	★
Burke-Catawba	4/11/08	Yes	★
CenterPoint	4/15/08	Yes	★
Crossroads	4/15/08	Yes	★
Cumberland	4/15/08	Yes	★
Durham	4/14/08	Yes	★
East Carolina Behavioral Health	4/15/08	Yes	★
Eastpointe	4/11/08	Yes	★
Five County	4/16/08	Yes	★
Foothills	4/11/08	Yes	★
Guilford	4/8/08	Yes	★
Johnston	4/15/08	Yes	★
Mecklenburg	4/11/08	Yes	★
Onslow-Carteret	4/17/08	Yes	★
Orange-Person-Chatham	4/14/08	Yes	★
Pathways	4/22/08	Yes	★
Sandhills Center	4/11/08	Yes	★
Smoky Mountain	4/16/08	Yes	★
Southeastern Center	4/9/08	Yes	★
Southeastern Regional	4/15/08	Yes	★
Wake	4/15/08	Yes	★
Western Highlands	4/9/08	Yes	★

Number and Percent of LMEs that met the SFY 2008 Standard:

24 (100%)

**Notes:**

1. Dates that are shaded red indicate reports received >7 days after the due date.

Dates with yellow shading are within 7 days after the due date.

2. ★ = Met the Performance Contract Standard.

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## 21. National Core Indicators (NCI) Consents And Pre-Surveys

**Performance Requirement:** The LME, through providers, will submit a consent form and a pre-survey for each person selected to participate in the NCI project within the specified timeframes. The LME will also submit information needed for the mailed survey. All submissions are complete.

**SFY 2008 Standard:** 75% of the pre-surveys, consents, and mail survey information are received by the due date and complete.

Local Management Entity	Timeliness of Submission		Completeness (# Forms Received / # Expected)			Standard Met <sup>2</sup>
	Pre-Surveys & Consents	Mailed Surveys	# Received	# Expected	% Complete <sup>1</sup>	
Alamance-Caswell-Rockingham	Received On-Time	Received On-Time	55	50	110.0%	★
Albemarle	Received On-Time	Received On-Time	50	50	100.0%	★
Beacon Center	Received On-Time	Received On-Time	54	50	108.0%	★
Catawba-Burke	Received On-Time	Received On-Time	46	50	92.0%	★
CenterPoint	Received On-Time	Received On-Time	36	50	72.0%	
Crossroads	Received On-Time	Received On-Time	50	50	100.0%	★
Cumberland	Received On-Time	Received On-Time	48	50	96.0%	★
Durham	Received On-Time	Received On-Time	50	50	100.0%	★
East Carolina Behavioral Health	Received On-Time	Received On-Time	50	50	100.0%	★
Eastpointe	Received On-Time	Received On-Time	52	50	104.0%	★
Five County	Received On-Time	Received On-Time	47	50	94.0%	★
Foothills	Received On-Time	Received On-Time	50	50	100.0%	★
Guilford	Received On-Time	Received On-Time	50	50	100.0%	★
Johnston	Received On-Time	Received On-Time	39	50	78.0%	★
Mecklenburg	Received On-Time	Received On-Time	54	50	108.0%	★
Onslow-Carteret	Received On-Time	Received On-Time	44	50	88.0%	★
Orange-Person-Chatham	Received On-Time	Received On-Time	47	50	94.0%	★
Pathways	Received On-Time	Received On-Time	38	50	76.0%	★
Sandhills Center	Received On-Time	Received On-Time	50	50	100.0%	★
Smoky Mountain	Received On-Time	Received On-Time	49	50	98.0%	★
Southeastern Center	Received On-Time	Received On-Time	50	50	100.0%	★
Southeastern Regional	Received On-Time	Received On-Time	53	50	106.0%	★
Wake	Received On-Time	Received On-Time	51	50	102.0%	★
Western Highlands	Received On-Time	Received On-Time	44	50	88.0%	★
Totals			1,157	1,200	96.4%	

Number and Percent of LMEs that met the SFY 2008 Standard:

23 (95.8%)

**Notes:**

1. Percentages less than 75% are shaded red.

2. ★ = Met the Performance Contract Standard.

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## 22. Consumer Satisfaction Survey (CSS)

**Performance Requirement:** The LME, through providers, shall administer the DHHS Client Satisfaction Surveys, consistent with DHHS standards, to 5% of its active mental health and substance abuse caseload, and shall submit the data received according to DHHS requirements.

**SFY 2008 Standard:** 85% of expected surveys are completed as required and received within 10 calendar days after the due date.

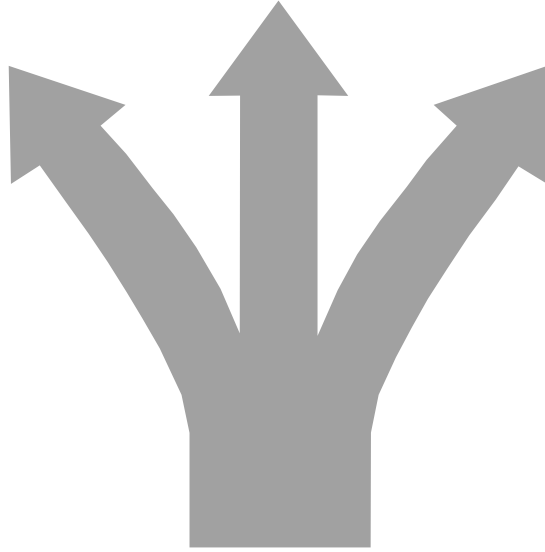
Local Management Entity	Timeliness of Submission	Completeness			Standard Met <sup>2</sup>
		# Of Expected Surveys	# Completed As Required	% Completed As Required <sup>1</sup>	
Alamance-Caswell-Rockingham	On-Time	500	512	102.4%	★
Albemarle	On-Time	471	525	111.5%	★
Beacon Center	On-Time	176	182	103.4%	★
Catawba-Burke	On-Time	419	797	190.2%	★
CenterPoint	On-Time	320	338	105.6%	★
Crossroads	On-Time	277	500	180.5%	★
Cumberland	On-Time	305	403	132.1%	★
Durham	On-Time	441	443	100.5%	★
East Carolina Behavioral Health	On-Time	192	426	221.9%	★
Eastpointe	On-Time	209	217	103.8%	★
Five County	On-Time	412	845	205.1%	★
Foothills	On-Time	154	226	146.8%	★
Guilford	On-Time	500	854	170.8%	★
Johnston	On-Time	500	584	116.8%	★
Mecklenburg	On-Time	320	331	103.4%	★
Onslow-Carteret	On-Time	216	220	101.9%	★
Orange-Person-Chatham	On-Time	453	463	102.2%	★
Pathways	On-Time	500	541	108.2%	★
Sandhills Center	On-Time	500	695	139.0%	★
Smoky Mountain	On-Time	400	434	108.5%	★
Southeastern Center	On-Time	500	775	155.0%	★
Southeastern Regional	On-Time	334	377	112.9%	★
Wake	On-Time	500	503	100.6%	★
Western Highlands	On-Time	334	423	126.6%	★
Totals		8,933	11,614	130.0%	

Number and Percent of LMEs that met the SFY 2008 Standard:

24 (100%)

**Notes:**

1. Percentages less than 85% are shaded red.
2. ★ = Met the Performance Contract Standard.



**Please give us feedback so we can improve these reports by making them more informative and more useful to you!**

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Division's Web Page --- <http://www.ncdhhs.gov/mhddsas/performanceagreement/index.htm>

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